

1655

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

| PLACE OF DEATH   |   | ARIZONA STATE BOARD OF HEALTH                         |             |
|--|---|---|-------------|
| BUREAU OF VITAL STATISTICS   |   | ORIGINAL CERTIFICATE OF DEATH                         |             |
| County   | <u>Maricopa</u>   | State Index No.                                       | <u>9</u>    |
| District   |   | County Registered No.                                 | <u>2812</u> |
| Town   | <u>Phoenix</u>  | Local Registrar's No.                                 | <u>7952</u> |
| Or City  |   |   |             |
| No. <u>237 W. Monroe</u>   |   | St.   |             |
| (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)  |   |   |             |
| FULL NAME <u>Nelle J. Bright</u>   |   |   |             |
| PERSONAL AND STATISTICAL PARTICULARS   |   |   |             |
| SEX  | Color or Race   | SINGLE  |             |
| <u>Female</u>  | <u>White</u>  | <u>MARRIED</u>  |             |
|  | <u>Indian</u>   | <u>WIDOWED</u>  |             |
|  | <u>Black</u>  | <u>or DIVORCED</u>                                    |             |
|  | <u>Chinese</u>  |   |             |
|  | <u>Mexican</u>  |   |             |
| DATE OF BIRTH <u>July 23<sup>rd</sup></u> 19 <u>10</u>   |   |   |             |
| (Month) (Day) (Year)   |   |   |             |
| AGE <u>58</u> yrs. <u>10</u> mos. <u>17</u> days   |   |   |             |
| If less than 1 day   |   |   |             |
| OCCUPATION   |   |   |             |
| (a) Trade, profession or particular kind of work <u>Broker-Real Estate</u>   |   |   |             |
| (b) General nature of industry, business, or establishment in which employed or (employer)   |   |   |             |
| BIRTHPLACE (State or country) <u>Ohio, Cuyahoga County</u>   |   |   |             |
| PARENTS  | NAME OF FATHER <u>Sylvester H. Brady</u>                |   |             |
|  | BIRTHPLACE OF FATHER (State or Country) <u>New York</u> |   |             |
|  | MAIDEN NAME OF MOTHER <u>Mary J. Finch</u>              |   |             |
|  | BIRTHPLACE OF MOTHER (State or Country) <u>New York</u> |   |             |
| The Above Is True to the Best of My Knowledge  |   |   |             |
| (Informant) <u>Ired Bright</u>   |   |   |             |
| (Address) <u>237 W. Monroe</u>   |   |   |             |
| PLACE OF BURIAL OR REMOVAL <u>Greenwood</u>  |   | DATE OF BURIAL OR REMOVAL <u>June 12</u> 19 <u>19</u> |             |
| UNDERTAKER <u>Murrayman Co.</u>  |   | ADDRESS <u>Phoenix</u>                                |             |
| MEDICAL CERTIFICATE OF DEATH   |   |   |             |
| DATE OF DEATH <u>June 10<sup>th</sup></u> 19 <u>19</u>   |   |   |             |
| (Month) (Day) (Year)   |   |   |             |
| I hereby certify, that I attended deceased from <u>June 1<sup>st</sup></u> 19 <u>19</u> to <u>June 10</u> 19 <u>19</u> ; that I last saw her alive on <u>June 8</u> 19 <u>19</u> , and that death occurred on the date stated above at <u>7<sup>PM</sup></u> . The DISEASE or INJURY causing Death was as follows: <u>Pulmonary Tuberculosis</u> |   |   |             |
| (Duration) <u>Do not know</u> yrs. mos. days   |   |   |             |
| Was disease contracted in Arizona? <u>Do not know</u>  |   |   |             |
| If not, where?   |   |   |             |
| CONTRIBUTORY   |   |   |             |
| (Duration) yrs. mos. days  |   |   |             |
| (Signed) <u>R. W. Coyle</u>  |   |   |             |
| 19 <u>19</u> (Address) <u>Phoenix</u>  |   |   |             |
| *In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.   |   |   |             |
| LENGTH OF RESIDENCE  |   |   |             |
| At place of death <u>8</u> yrs. <u>4</u> mos. <u>4</u> ds. In Arizona <u>4</u> yrs. <u>4</u> mos. <u>4</u> ds.   |   |   |             |
| Former or Usual Residence <u>California</u>  |   |   |             |
| Filed <u>6-13-19</u> <u>W. H. K. Thompson</u>  |   |   |             |
| Local Registrar  |   |   |             |
| Filed <u>7-8-19</u> <u>C. B. Nichols</u>   |   |   |             |
| County Registrar   |   |   |             |